



SOUTH CAROLINA DEPARTMENT OF INSURANCE

300 Arbor Lake Drive, Suite 1200, Columbia, SC 29223

Post Office Box 100105, Columbia, SC 29202-3105

(803) 737-6095

For Department Use Only

Date Received: _____

Date Issued: _____

APPLICATION FOR SURPLUS LINES BROKER'S LICENSE

Section 1. Personal Information. All information must be provided.

1. Social Security Number: _____
2. Date of Birth: _____ Phone Number: (w) _____ (h) _____
3. Name of Applicant: _____
Last First M.I. Jr,Sr,II
4. Home Address: _____
Street City State Zip Code
5. Mailing Address: _____
(If different than above) Street/POBox City State Zip Code
6. Line of Authority: Property _____ Casualty _____ Surety _____ Marine _____
Stop Loss Coverage Only: Life _____ Accident and Health _____
7. Business Address: _____

Section 2. Regulatory Information. All questions must be answered.

1. Have you ever been fined or been the subject of any disciplinary action, including suspension, cancellation, revocation, or refusal/denial by any insurance department, governmental regulatory entity, or other licensing authority? Yes ☐ No ☐
If yes, you must attach to this application:
A. A written statement identifying the type of license and explaining the circumstances of each incident; and
B. A copy of the official document which demonstrates the resolution of the charges or any final judgment.
2. Have you even been convicted, pled guilty, or pled no contest in any criminal proceeding? Yes ☐ No ☐
If yes, you must attach to this application:
A. A written statement explaining the circumstances of each incident;
B. A copy of the charging document; and
C. A copy of the official document which demonstrates the resolution of the charges or any final judgment.

Section 3. Applicant's Certification.

READ THE FOLLOWING STATEMENTS CAREFULLY AND MAKE SURE YOU UNDERSTAND EACH BEFORE SIGNING THIS APPLICATION:

1. I understand that I am responsible for notifying the South Carolina Department of Insurance, in writing, within 30 days of any address change. See S.C. Code Ann. §38-43-107(1989).
2. I understand that misrepresentation of any fact required to be disclosed in this application is a violation of the insurance code. See S.C. Code Ann. §38-7-140 (Supp. 1998).
3. (Nonresidents only) I understand that as a condition for nonresident broker licensure, I will not place, directly or indirectly, insurance on any risk located in South Carolina, except through licensed producers of insurers licensed to do business in South Carolina. See S.C. Code Ann. §38-45-30 (2002)

Signature of Applicant

SWORN BEFORE ME THIS ____ DAY OF _____
(year)

Signature of Notary Public _____

THIS FORM SHOULD BE REPRODUCED